

United States Bankruptcy Court for the:

District of Nevada

Case number (if known): \_\_\_\_\_ Chapter you are filing under:

☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

RECEIVED  
AND FILED

2017 APR 14 PM 1:46

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

☐ Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1 Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only In a Joint Case):
<b>1. Your full name</b>  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	William First name Peter Middle name VerVooren Last name Suffix (Sr., Jr., II, III)	Loretta First name Leonarda Middle name VerVooren Last name Suffix (Sr., Jr., II, III)
<b>2. All other names you have used in the last 8 years</b>  Include your married or maiden names.	None First name Middle name Last name First name Middle name Last name	None First name Middle name Last name First name Middle name Last name
<b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</b>	xxx - xx - 0 6 7 3 OR 9 xx - xx -	xxx - xx - 5 4 5 2 OR 9 xx - xx -

90

Debtor 1

**William Peter VerVooren**

First Name Middle Name Last Name

Case number (if known)

About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<p><b>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</b></p> <p>Include trade names and doing business as names</p> <p><input checked="" type="checkbox"/> I have not used any business names or EINs.</p> <p>Business name _____</p> <p>Business name _____</p> <p>EIN _____</p> <p>EIN _____</p>	<p><input checked="" type="checkbox"/> I have not used any business names or EINs.</p> <p>Business name _____</p> <p>Business name _____</p> <p>EIN _____</p> <p>EIN _____</p>
<p><b>5. Where you live</b></p> <p>260 E. Parr Blvd.</p> <p>Number Street</p> <p>#G8</p> <p>Reno NV 89509</p> <p>City State ZIP Code</p> <p>Washoe</p> <p>County</p> <p>If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.</p> <p>Number Street</p> <p>P.O. Box 4079</p> <p>P.O. Box</p> <p>Sparks NV 89432</p> <p>City State ZIP Code</p>	<p>If Debtor 2 lives at a different address:</p> <p>same as debtor 1</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>County</p> <p>If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.</p> <p>Number Street</p> <p>P.O. Box</p> <p>City State ZIP Code</p>
<p><b>6. Why you are choosing this district to file for bankruptcy</b></p> <p>Check one:</p> <p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Check one:</p> <p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Debtor 1

**William Peter VerVooren**

First Name Middle Name Last Name

Case number (if known)

**Part 2: Tell the Court About Your Bankruptcy Case****7. The chapter of the Bankruptcy Code you are choosing to file under**Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

**8. How you will pay the fee**

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- ☒ No
- ☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- ☒ No
- ☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

**William Peter VerVooren**

First Name Middle Name Last Name

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☐ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

**William Peter VerVooren**

First Name Middle Name Last Name

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

**William Peter VerVooren**

First Name Middle Name Last Name

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☒ No. Go to line 16c.  
☐ Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**  
Medical, Repossession, IRS Taxes 2000 to 2013**17. Are you filing under Chapter 7?**☐ No. I am not filing under Chapter 7. Go to line 18.**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☒ No  
☐ Yes

**18. How many creditors do you estimate that you owe?**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

**19. How much do you estimate your assets to be worth?**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x

Signature of Debtor 1

Executed on

4/13/17  
MM / DD / YYYY

x

Signature of Debtor 2

Executed on

4/13/17  
MM / DD / YYYY

Debtor 1

**William Peter VerVooren**

First Name Middle Name Last Name

Case number (if known)

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

**Pro-Se**

Date

Signature of Attorney for Debtor

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State



Debtor 1

**William Peter VerVooren**

First Name Middle Name Last Name

Case number (if known)

**For you if you are filing this bankruptcy without an attorney**

**If you are represented by an attorney, you do not need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- ☐ No  
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

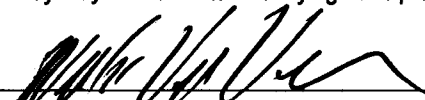
- ☐ No  
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

- ☒ No  
☐ Yes. Name of Person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

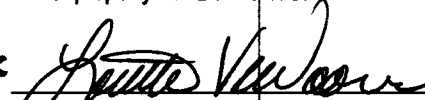
x   
 Signature of Debtor 1

Date 4/13/17  
 MM / DD / YYYY

Contact phone (775) 412-8909

Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

x   
 Signature of Debtor 2

Date 4/13/17  
 MM / DD / YYYY

Contact phone (775) 354-3944

Cell phone \_\_\_\_\_

Email address loretta.vervooren@yahoo.com



Certificate Number: 04541-NV-CC-028888125



04541-NV-CC-028888125

## **CERTIFICATE OF COUNSELING**

I CERTIFY that on March 8, 2017, at 5:47 o'clock PM PST, LORETTA L VERVOOREN received from Family Counseling Service of Northern Nevada Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted in person.

Date: March 8, 2017

By: /s/JENNIFER L WILLIAMS

Name: JENNIFER L WILLIAMS

Title: Inter

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 04541-NV-CC-028888133



04541-NV-CC-028888133

## **CERTIFICATE OF COUNSELING**

I CERTIFY that on March 8, 2017, at 5:49 o'clock PM PST, WILLIAM P. VERVOOREN received from Family Counseling Service of Northern Nevada Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted in person.

Date: March 8, 2017

By: /s/JENNIFER L WILLIAMS

Name: JENNIFER L WILLIAMS

Title: Inter

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Fill in this information to identify your case.

Debtor 1	<u>William</u>	<u>Peter</u>	<u>VerVooren</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)	<u>Loretta</u>	<u>Leonarda</u>	<u>VerVooren</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: District of Nevada

Case number \_\_\_\_\_  
(If known)☐ Check if this is an amended filing

## Official Form 106Sum

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		Your assets Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....		\$ <u>0.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....		\$ <u>14,126.30</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....		\$ <u>14,126.30</u>

**Part 2: Summarize Your Liabilities**

		Your liabilities Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....		\$ <u>9,743.00</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....		\$ <u>117,752.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....		+ \$ <u>28,651.54</u>
<b>Your total liabilities</b>		\$ <u>156,146.54</u>

**Part 3: Summarize Your Income and Expenses**

4. <i>Schedule I: Your Income</i> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....		\$ <u>5,010.89</u>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....		\$ <u>4,734.00</u>

Debtor 1

William

Peter

VerVooren

Case number (if known)

First Name

Middle Name

Last Name

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.\$ 3,321.60**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)

\$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 115,000.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0.00

9d. Student loans. (Copy line 6f.)

\$ 0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$ 0.00

9g. Total. Add lines 9a through 9f.

\$ 115,000.00

This form does not simplify your case and this filing

Debtor 1 William Peter VerVooren  
First Name Middle Name Last Name

Debtor 2 Loretta Leonarda VerVooren  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Nevada

Case number \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.  
☐ Yes. Where is the property?

1.1. \_\_\_\_\_  
 Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ \_\_\_\_\_  
 Current value of the portion you own? \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. \_\_\_\_\_  
 Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ \_\_\_\_\_  
 Current value of the portion you own? \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Debtor 1 William Peter VerVooren  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

1.3.

Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ \_\_\_\_\_

Current value of the portion you own?

\$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. \_\_\_\_\_

\$ \_\_\_\_\_

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

3.1. Make: Ford  
 Model: F250XLT  
 Year: 1997  
 Approximate mileage: 160626

Other information:

spouse needs vehicle he is disabled for Dr. appt

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ 2,000.00

Current value of the portion you own?

\$ 2,000.00

If you own or have more than one, describe here:

3.2. Make: Ford  
 Model: Explorer  
 Year: 2006  
 Approximate mileage: 183900

Other information:

Loan owed of 3,800

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ 3,100.00

Current value of the portion you own?

\$ 0.00

Debtor 1

William

Peter

VerVooren

First Name

Middle Name

Last Name

Case number (if known)

3.3. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

#### 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☐ No  
☒ Yes

4.1. Make: Dreamer  
 Model: 5th wheel  
 Year: 1995  
 Other information:

living in RV as home & pay monthly rv space to live in

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 5,000.00 \$ 5,000.00

If you own or have more than one, list here:

4.2. Make: Glaspar Boat  
 Model: 16ft. Citation  
 Year: 1960  
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 500.00 \$ 500.00

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$ 7,500.00



Debtor 1 **William Peter VerVooren**  
 First Name Middle Name Last Name

Case number (if known)

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
<b>6. Household goods and furnishings</b> <i>Examples: Major appliances, furniture, linens, china, kitchenware</i> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... <b>toaster oven, coffee maker, kitchenware, dinner plates</b>	\$ <b>250.00</b>
<b>7. Electronics</b> <i>Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games</i> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... <b>TV, computer, cell phone</b>	\$ <b>500.00</b>
<b>8. Collectibles of value</b> <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles</i> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe.....	\$
<b>9. Equipment for sports and hobbies</b> <i>Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments</i> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... <b>2 Backpack, 2 Bicycle, tools, 2 kayaks</b>	\$ <b>700.00</b>
<b>10. Firearms</b> <i>Examples: Pistols, rifles, shotguns, ammunition, and related equipment</i> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... <b>1 9mm, semi auto Baretta Nano</b>	\$ <b>380.00</b>
<b>11. Clothes</b> <i>Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories</i> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... <b>everyday clothes shoes</b>	\$ <b>600.00</b>
<b>12. Jewelry</b> <i>Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver</i> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... <b>2 wedding rings, 2 watches</b>	\$ <b>500.00</b>
<b>13. Non-farm animals</b> <i>Examples: Dogs, cats, birds, horses</i> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... <b>1 small 14 year old black pomeranian</b>	\$ <b>0.00</b>
<b>14. Any other personal and household items you did not already list, including any health aids you did not list</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information.....	\$
<b>15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here</b>	\$ <b>2,930.00</b>

Debtor 1 William Peter VerVooren  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the  
portion you own?  
Do not deduct secured claims  
or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes

Cash: \_\_\_\_\_

\$ 35.00

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes

Institution name:

17.1. Checking account:	<u>Wells Fargo William</u>	\$ 50.00
17.2. Checking account:	<u>Wells Fargo Loretta</u>	\$ 50.00
17.3. Savings account:	<u>Wells Fargo Loretta</u>	\$ 25.00
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.

Name of entity:

% of ownership:

_____	0% %	\$ _____
_____	0% %	\$ _____
_____	0% %	\$ _____

Debtor 1 William Peter VerVooren  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name: \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan: \_\_\_\_\_

\$ \_\_\_\_\_

Pension plan: \_\_\_\_\_

\$ \_\_\_\_\_

IRA: \_\_\_\_\_

\$ \_\_\_\_\_

Retirement account: \_\_\_\_\_

\$ \_\_\_\_\_

Keogh: \_\_\_\_\_

\$ \_\_\_\_\_

Additional account: \_\_\_\_\_

\$ \_\_\_\_\_

Additional account: \_\_\_\_\_

\$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes.....

Institution name or individual:

Electric: \_\_\_\_\_

\$ \_\_\_\_\_

Gas: \_\_\_\_\_

\$ \_\_\_\_\_

Heating oil: \_\_\_\_\_

\$ \_\_\_\_\_

Security deposit on rental unit: \_\_\_\_\_

\$ \_\_\_\_\_

Prepaid rent: \_\_\_\_\_

\$ \_\_\_\_\_

Telephone: \_\_\_\_\_

\$ \_\_\_\_\_

Water: \_\_\_\_\_

\$ \_\_\_\_\_

Rented furniture: \_\_\_\_\_

\$ \_\_\_\_\_

Other: \_\_\_\_\_

\$ \_\_\_\_\_

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Debtor 1 **William Peter VerVooren** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them....

\_\_\_\_\_  
 \$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them....

\_\_\_\_\_  
 \$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them....

\_\_\_\_\_  
 \$ \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

\_\_\_\_\_  
 Federal: \$ \_\_\_\_\_  
 State: \$ \_\_\_\_\_  
 Local: \$ \_\_\_\_\_

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....

\_\_\_\_\_  
 Alimony: \$ \_\_\_\_\_  
 Maintenance: \$ \_\_\_\_\_  
 Support: \$ \_\_\_\_\_  
 Divorce settlement: \$ \_\_\_\_\_  
 Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☐ No☒ Yes. Give specific information.....

William Monthly Disability Social Security \$1260.30 SW pension  
 \$793 Loretta unpaid wages \$1483

\$ 3,536.30

Debtor 1

William

Peter

VerVooren

First Name

Middle Name

Last Name

Case number (if known)

**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here**

\$ 3,696.30

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**☒ No☐ Yes. Describe.....

\$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☒ No☐ Yes. Describe.....

\$ \_\_\_\_\_

Debtor 1 **William Peter VerVooren**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe.....

	\$
--	----

**41. Inventory**☒ No☐ Yes. Describe.....

	\$
--	----

**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe.....

Name of entity:

% of ownership:

_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

**43. Customer lists, mailing lists, or other compilations**☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.....

	\$
--	----

**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information .....

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** ..... ➔

\$ 0.00

**Part 6:**

**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**47. Farm animals***Examples:* Livestock, poultry, farm-raised fish☒ No☐ Yes.....

	\$
--	----

\$ 0.00

Debtor 1 **William Peter VerVooren**  
 First Name Middle Name Last Name

Case number (if known)

**48. Crops—either growing or harvested**☒ No☐ Yes. Give specific information. ....

\$

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**☒ No☐ Yes .....

\$

**50. Farm and fishing supplies, chemicals, and feed**☒ No☐ Yes .....

\$

**51. Any farm- and commercial fishing-related property you did not already list**☒ No☐ Yes. Give specific information. ....

\$

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** →

\$ 0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

☒ No☐ Yes. Give specific information. ....

\$

\$

\$

**54. Add the dollar value of all of your entries from Part 7. Write that number here** →

\$ 0.00

**Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2** →

\$ 0.00

**56. Part 2: Total vehicles, line 5**

\$ 7,500.00

**57. Part 3: Total personal and household items, line 15**

\$ 2,930.00

**58. Part 4: Total financial assets, line 36**

\$ 3,696.30

**59. Part 5: Total business-related property, line 45**

\$ 0.00

**60. Part 6: Total farm- and fishing-related property, line 52**

\$ 0.00

**61. Part 7: Total other property not listed, line 54**

+ \$ 0.00

**62. Total personal property. Add lines 56 through 61. ....**

\$ 14,126.30

Copy personal property total →

+ \$ 14,126.30

**63. Total of all property on Schedule A/B. Add line 55 + line 62. ....**

\$ 14,126.30



Provide information to identify your case

Debtor 1	William	Peter	VerVooren
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Loretta	Leonarda	VerVooren
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the District of Nevada

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>"95" Dreamer 5th wh</u> Line from <i>Schedule A/B</i> : <u>4.1</u>	<u>\$ 5,000.00</u>	<input checked="" type="checkbox"/> \$ <u>5,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. 522(b)(3) 21.090(1)(b)
Brief description: <u>"97" Ford Truck</u> Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$ 2,000.00</u>	<input checked="" type="checkbox"/> \$ <u>2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. 522(b)(3) 21.090(1)(g)3.1
Brief description: <u>"60" Glaspar Boat</u> Line from <i>Schedule A/B</i> : <u>4.2</u>	<u>\$ 500.00</u>	<input checked="" type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. 522(b)(3) 21.090 (1)(g)

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor 1

William

Peter

VerVooren

Case number (if known)

First Name Middle Name Last Name

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>Household goods</u> Line from Schedule A/B: <u>6</u>	\$ <u>250.00</u>	<input checked="" type="checkbox"/> \$ <u>250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	21.090(l)(b)
Brief description: <u>Electronics</u> Line from Schedule A/B: <u>7</u>	\$ <u>500.00</u>	<input checked="" type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	21-1556 (3)
Brief description: <u>Equip, sports, hobbi</u> Line from Schedule A/B: <u>9</u>	\$ <u>700.00</u>	<input checked="" type="checkbox"/> \$ <u>700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	25-1556(3)
Brief description: <u>Firearms</u> Line from Schedule A/B: <u>10</u>	\$ <u>380.00</u>	<input checked="" type="checkbox"/> \$ <u>380.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	21.090(l)(z)
Brief description: <u>Clothes</u> Line from Schedule A/B: <u>11</u>	\$ <u>600.00</u>	<input checked="" type="checkbox"/> \$ <u>600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	21.090(l)(b)
Brief description: <u>wedding ring watches</u> Line from Schedule A/B: <u>12</u>	\$ <u>500.00</u>	<input checked="" type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	21.090(l)(b)
Brief description: <u>Wages</u> Line from Schedule A/B: <u>30</u>	\$ <u>3,609.00</u>	<input checked="" type="checkbox"/> \$ <u>2,706.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	21.090(i)(g)
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information only if you are a debtor.

Debtor 1	William	Peter	VerVooren
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Loretta	Leonarda	VerVooren
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Nevada

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

#### 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Right Size Funding	Describe the property that secures the claim:	\$ 9,743.00	\$ 3,190.00	\$ 3,800.00
Creditor's Name	P.O. Box 93385	2006 Ford Explorer			
Number	Street				
City	State	ZIP Code			
Las Vegas	NV	89193			
Who owes the debt? Check one.		As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Debtor 1 only		<input checked="" type="checkbox"/> Contingent			
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed			
<input type="checkbox"/> At least one of the debtors and another		Nature of lien. Check all that apply.			
<input type="checkbox"/> Check if this claim relates to a community debt		<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
Date debt was incurred 11/02/2014		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
		<input type="checkbox"/> Judgment lien from a lawsuit			
		<input type="checkbox"/> Other (including a right to offset)			
		Last 4 digits of account number 5 4 5 2			
2.2		Describe the property that secures the claim:	\$	\$	\$
Creditor's Name					
Number	Street				
City	State	ZIP Code			
Who owes the debt? Check one.		As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent			
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed			
<input type="checkbox"/> At least one of the debtors and another		Nature of lien. Check all that apply.			
<input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
Date debt was incurred		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
		<input type="checkbox"/> Judgment lien from a lawsuit			
		<input type="checkbox"/> Other (including a right to offset)			
		Last 4 digits of account number			
Add the dollar value of your entries in Column A on this page. Write that number here:			\$		

Debtor 1 William Peter VerVooren Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

Part 1

**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Creditor's Name</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Number</span> <span>Street</span> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; height: 20px;"></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>City</span> <span>State</span> <span>ZIP Code</span> </div> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p><b>Describe the property that secures the claim:</b> \$ _____ \$ _____ \$ _____</p> <div style="border: 1px solid black; height: 40px; margin: 5px 0;"></div> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number _____</p>	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Creditor's Name</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Number</span> <span>Street</span> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; height: 20px;"></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>City</span> <span>State</span> <span>ZIP Code</span> </div> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p><b>Describe the property that secures the claim:</b> \$ _____ \$ _____ \$ _____</p> <div style="border: 1px solid black; height: 40px; margin: 5px 0;"></div> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number _____</p>	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Creditor's Name</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Number</span> <span>Street</span> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; height: 20px;"></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>City</span> <span>State</span> <span>ZIP Code</span> </div> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p><b>Describe the property that secures the claim:</b> \$ _____ \$ _____ \$ _____</p> <div style="border: 1px solid black; height: 40px; margin: 5px 0;"></div> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number _____</p>	

**Add the dollar value of your entries in Column A on this page. Write that number here:** \$ \_\_\_\_\_

**If this is the last page of your form, add the dollar value totals from all pages. Write that number here:** \$ \_\_\_\_\_

Debtor 1 William Peter VerVooren  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/>	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/>	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/>	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number <u>5</u> <u>4</u> <u>5</u> <u>2</u>
<input type="checkbox"/>	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/>	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____

Fill in the information to identify your case.

Debtor 1	William	Peter	VerVooren
	First Name	Middle Name	Last Name
Debtor 2	Loretta	Leonarda	VerVooren
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Nevada

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

##### 1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1	<b>IRS Case # 1155913179</b> Priority Creditor's Name P.O. Box 24017 Number Street Fresno ca 93779 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 6 7 3</u> \$ <u>100,000.00</u> \$ <u>100,000.00</u> (\$ <u>100,000.00</u> ) When was the debt incurred? <u>04/15/2000</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>tax from 2000 to 2013</u>
2.2	<b>Santander Consumer USA</b> Priority Creditor's Name P.O. Box 961245 Number Street Fort Worth TX 76161 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 6 7 3</u> \$ <u>15,000.00</u> \$ <u>15,000.00</u> (\$ <u>15,000.00</u> ) When was the debt incurred? <u>07/03/2010</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>repossessed 2009 dodge car</u>



Debtor 1 **William Peter VerVooren** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

<b>2.1</b> <b>Real Time Solutions</b> Priority Creditor's Name <u>Dept. 107565</u> Number Street <u>P.O. Box 1259</u>  <u>Oaks</u> <u>Pa</u> <u>19456</u> City State ZIP Code  Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 6 7 3</u> \$ <u>15,000.00</u> \$ <u>15,000.00</u> \$ <u>15,000.00</u>  When was the debt incurred? <u>07/03/2010</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>repossessed 2009 dodge car</u>
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<b>2.2</b> <b>NCB Management</b> Priority Creditor's Name <u>PO Box 1099</u> Number Street  <u>Longhome</u> <u>Pa</u> <u>19047</u> City State ZIP Code  Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 6 7 3</u> \$ <u>15,000.00</u> \$ <u>15,000.00</u> \$ <u>15,000.00</u>  When was the debt incurred? <u>07/03/2010</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>reposses2009 dodge car</u>
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<b>2.2</b> <b>Clark County Dollar Loan</b> Priority Creditor's Name <u>8860 W Sunset Ste 100</u> Number Street  <u>Las Vegas</u> <u>NV</u> <u>89148</u> City State ZIP Code  Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 6 4 6</u> \$ <u>2,752.00</u> \$ <u>2,752.00</u> \$ <u>2,752.00</u>  When was the debt incurred? <u>07/03/2010</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>payday loan</u>
--	---



Debtor 1 **William Peter VerVooren** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

<p><b>4.1</b> <u>Aargon No.NV Medical</u>            Nonpriority Creditor's Name  <u>8668 Spring Mt. Rd</u>            Number Street  <u>Las Vegas</u> <u>NV</u> <u>89117</u>            City State ZIP Code</p> <p><b>Who incurred the debt? Check one.</b>  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3 7 3 2</u></p> <p>When was the debt incurred? <u>02/12/2014</u></p> <p><b>As of the date you file, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical Ins. did not pay</u></p>	<p>\$ <u>126.00</u></p>
<p><b>4.2</b> <u>Aargon</u>            Nonpriority Creditor's Name  <u>8668 Spring Mt. Rd</u>            Number Street  <u>Las Vegas</u> <u>NV</u> <u>89117</u>            City State ZIP Code</p> <p><b>Who incurred the debt? Check one.</b>  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3 4 8 6</u></p> <p>When was the debt incurred? <u>03/01/2015</u></p> <p><b>As of the date you file, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>MedicalAsso</u></p>	<p>\$ <u>263.47</u></p>
<p><b>4.3</b> <u>Assoc. Anesthesiology</u>            Nonpriority Creditor's Name  <u>PO Box 401805</u>            Number Street  <u>Las Vegas</u> <u>NV</u> <u>89140</u>            City State ZIP Code</p> <p><b>Who incurred the debt? Check one.</b>  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0 3 8 9</u></p> <p>When was the debt incurred? <u>03/01/2015</u></p> <p><b>As of the date you file, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p>	<p>\$ <u>70.69</u></p>

Debtor 1

William

Peter

VerVooren

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

<b>4.4</b> <b>Professional Business Coll/Body Fuel Fitness</b> Nonpriority Creditor's Name <b>PO Box 4157</b> Number Street <b>Greenwood Village</b> <b>CO</b> <b>80155</b> City State ZIP Code  <b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 1 2 2</u> \$ <u>700.00</u>  <b>When was the debt incurred?</b> <u>10/01/2014</u>  <b>As of the date you file, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Gym membership</u>
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<b>4.5</b> <b>Business Prof.</b> Nonpriority Creditor's Name <b>816 S. Center St.</b> Number Street <b>Reno</b> <b>NV</b> <b>89501</b> City State ZIP Code  <b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8 7 0 4</u> \$ <u>286.00</u>  <b>When was the debt incurred?</b> <u>01/15/2014</u>  <b>As of the date you file, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>
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<b>4.6</b> <b>Business Prof.</b> Nonpriority Creditor's Name <b>816 S. Center</b> Number Street <b>Reno</b> <b>NV</b> <b>89501</b> City State ZIP Code  <b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3 3 3 0</u> \$ <u>267.00</u>  <b>When was the debt incurred?</b> <u>07/15/2015</u>  <b>As of the date you file, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>
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Debtor 1

William

Peter

VerVooren

Case number (if known)

First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

NCB Management

Name

PO Box 1099

Number Street

Longhome

City

PA

State

19047

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 0 6 7 3

Real Time Solutions

Name

DEPT 107565

Number Street

P.O. Box 1259

Cincinnati

City

OH

State

45236

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 5 4 5 2

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

Debtor 1 **William Peter VerVooren** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

<b>4.1 Business &amp; Professional</b> Nonpriority Creditor's Name <u>816 S CENTER ST</u> Number Street <u>RENO</u> <u>NV</u> <u>89501</u> City State ZIP Code  Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3 3 3 0</u> When was the debt incurred? <u>03/05/2014</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>POWER BILL</u>	\$ <u>96.69</u>
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<b>4.2 CONVERGENT</b> Nonpriority Creditor's Name <u>PO BOX 9004</u> Number Street <u>RENTON</u> <u>WA</u> <u>98057</u> City State ZIP Code  Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 8 6 4</u> When was the debt incurred? <u>07/13/2013</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>BANCARD</u>	\$ <u>223.25</u>
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<b>4.3 CMRE</b> Nonpriority Creditor's Name <u>3075 E. IMPERIAL HWY #200</u> Number Street <u>BREA</u> <u>CA</u> <u>92821</u> City State ZIP Code  Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9 4 4 5</u> When was the debt incurred? <u>06/09/2015</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u>	\$ <u>108.79</u>
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Debtor 1

William

Peter

VerVooren

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**4.4****ENHANCED RECOVERY CO. LLC**

Nonpriority Creditor's Name

DEPT 063

Number Street

PALATINE

IL

60055

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9 4 7 0\$ 118.34When was the debt incurred? 04/11/2012

As of the date you file, the claim is: Check all that apply.

☐ Contingent☒ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify CABLE**4.5****EXPRESS RECOVERY SERVICES**

Nonpriority Creditor's Name

PO BOX 26415

Number Street

SALT LAKE CITY

UT

84126

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 8 9 5\$ 460.74When was the debt incurred? 06/23/2012

As of the date you file, the claim is: Check all that apply.

☐ Contingent☒ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify PAYDAY LOAN**4.6****GRANT WEBER**

Nonpriority Creditor's Name

861 CORONADO CENTER DR. #211

Number Street

HENDERSON

NV

89052

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 8 8 7\$ 233.63When was the debt incurred? 11/20/2010

As of the date you file, the claim is: Check all that apply.

☐ Contingent☒ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify MEDICAL

Debtor 1 William Peter VerVooren Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

4.1	<b>First Premier Jefferson Capital Systems</b> Nonpriority Creditor's Name <u>16 McClelland Rd</u> <small>Number Street</small> <u>St. Cloud</u> <u>MN</u> <u>56303</u> <small>City State ZIP Code</small>  <b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3 9 0 6</u> When was the debt incurred? <u>07/19/2012</u>  <b>As of the date you file, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$ <u>224.00</u>
4.2	<b>Sierra Endotontics/B&amp;P Collection Service</b> Nonpriority Creditor's Name <u>816 S. Center St.</u> <small>Number Street</small> <u>Reno</u> <u>NV</u> <u>89501</u> <small>City State ZIP Code</small>  <b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8 4 3 2</u> When was the debt incurred? <u>02/10/2016</u>  <b>As of the date you file, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Dental</u>	\$ <u>685.50</u>
4.3	<b>Basora/Summit Collection Svc.</b> Nonpriority Creditor's Name <u>491 Court St.</u> <small>Number Street</small> <u>Reno</u> <u>NV</u> <u>89501</u> <small>City State ZIP Code</small>  <b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 4 5 2</u> When was the debt incurred? <u>03/12/2016</u>  <b>As of the date you file, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Dental</u>	\$ <u>869.00</u>



Debtor 1 **William Peter VerVooren** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**4.4** Eastern Plumas Hospital/National Business Factors  
 Nonpriority Creditor's Name  
 PO Box 640  
 Number Street  
 Carson City NV 89702  
 City State ZIP Code

Last 4 digits of account number 9 4 4 4 \$ 1,505.75

When was the debt incurred? 04/15/2016

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Medical ER

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

**4.5** Check n Go/NCP  
 Nonpriority Creditor's Name  
 7755 Montgomery Road, Ste 400  
 Number Street  
 Cincinnati OH 45236  
 City State ZIP Code

Last 4 digits of account number 5 4 5 2 \$ 1,000.00

When was the debt incurred? 07/15/2013

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify payday Loan

Who incurred the debt? Check one.  
☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

**4.6** Cash 1 LLC  
 Nonpriority Creditor's Name  
 Dept. 461 PO Box 4115  
 Number Street  
 Concord CA 94524  
 City State ZIP Code

Last 4 digits of account number 0 6 7 3 \$ 751.62

When was the debt incurred? 03/08/2014

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Pay Day Loan

Who incurred the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?  
☐ No  
☐ Yes



Debtor 1 **William Peter VerVooren** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

<p><b>4.1 Money Tree</b></p> <p>Nonpriority Creditor's Name  <b>PO Box 58363</b></p> <p>Number <b>58363</b> Street  <b>Seattle</b> <b>WA</b> <b>98138</b></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5 4 5 2</u></p> <p>When was the debt incurred? <u>07/11/2011</u></p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Payday Loan</u></p>	<p>\$ <u>1,000.00</u></p>
<p><b>4.2 St. Marys</b></p> <p>Nonpriority Creditor's Name  <b>1802 W. Olympic Blvd.</b></p> <p>Number <b>1802</b> Street  <b>Pasadena</b> <b>CA</b> <b>91199</b></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1 9 1 0</u></p> <p>When was the debt incurred? <u>02/01/2013</u></p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p>	<p>\$ <u>82.93</u></p>
<p><b>4.3 St. Marys/National Business Factors</b></p> <p>Nonpriority Creditor's Name  <b>969 Mica Dr.</b></p> <p>Number <b>969</b> Street  <b>Carson City</b> <b>NV</b> <b>89705</b></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4 2 2 0</u></p> <p>When was the debt incurred? <u>07/11/2011</u></p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>medical</u></p>	<p>\$ <u>146.94</u></p>

Debtor 1 **William Peter VerVooren** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**4.4** **St Mary's /CMR Financial**  
 Nonpriority Creditor's Name  
**3075 E. Imperial Hwy 200**  
 Number Street  
**Brea CA 92871**  
 City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 9 4 4 5 \$ 108.79

When was the debt incurred? 07/09/2010

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Medical

**4.5** **SPPCO DBa NV Energy/B&P Collections**  
 Nonpriority Creditor's Name  
**816 S. Center St**  
 Number Street  
**Reno NV 89501**  
 City State ZIP Code

Who incurred the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 3 3 3 0 \$ 96.69

When was the debt incurred? 09/20/2013

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify electric

**4.6** **HOSPITAL COLLECTIONS**  
 Nonpriority Creditor's Name  
**816 S. CENTER ST.**  
 Number Street  
**RENO NV 89501**  
 City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 9 4 4 4 \$ 1,505.75

When was the debt incurred? 12/22/2015

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

Debtor 1 William Peter VerVooren Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

<p><b>4.1 Sparks Radiology</b>  Nonpriority Creditor's Name  <u>PO Box 21209</u>  Number Street  <u>Reno</u> <u>NV</u> <u>89515</u>  City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8 9 4 0</u>  When was the debt incurred? <u>07/11/2011</u></p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p> <p>\$ <u>27.69</u></p>
<p><b>4.2 St. Marys</b>  Nonpriority Creditor's Name  <u>1802 W. Olympic Blvd.</u>  Number Street  <u>Pasadena</u> <u>CA</u> <u>91199</u>  City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1 4 6 3</u>  When was the debt incurred? <u>07/01/2013</u></p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p> <p>\$ <u>375.62</u></p>
<p><b>4.3 No. NV Medical Center</b>  Nonpriority Creditor's Name  <u>3075 E. Imperial Hwy Ste. 200</u>  Number Street  <u>Brea</u> <u>CA</u> <u>92821</u>  City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3 8 3 1</u>  When was the debt incurred? <u>04/01/2014</u></p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>medical</u></p> <p>\$ <u>270.34</u></p>

Debtor 1 **William Peter VerVooren** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

<b>4.4</b> <b>No. NV Emergency Physicians/Hospital Collections</b> Nonpriority Creditor's Name <b>816 S. Center St.</b> Number Street <b>Reno NV 89501</b> City State ZIP Code  <b>Who incurred the debt? Check one.</b> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9 4 9 4</u> \$ <u>80.80</u> When was the debt incurred? <u>10/25/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>
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<b>4.5</b> <b>Mercury Inc.</b> Nonpriority Creditor's Name <b>PO Box 5600</b> Number Street <b>Rancho Cucamonga CA 89501</b> City State ZIP Code  <b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7 8 4 0</u> \$ <u>46.10</u> When was the debt incurred? <u>09/20/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>
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<b>4.6</b> <b>Radiology Consultants</b> Nonpriority Creditor's Name <b>PO Box 3177</b> Number Street <b>Indianapolis IND 46206</b> City State ZIP Code  <b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>r c l 1</u> \$ <u>53.33</u> When was the debt incurred? <u>02/08/2012</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Medical</u>
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Debtor 1 **William Peter VerVooren** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**4.4** Montgomery Ward  
 Nonpriority Creditor's Name  
1112 7th Ave.  
 Number Street  
Monroe WI 53566  
 City State ZIP Code

Last 4 digits of account number 5 4 5 2 \$ 145.00

When was the debt incurred? 12/20/2010

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Gift Catalog

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

**4.5** PROFESSIONAL FINANCE COMPANY INC  
 Nonpriority Creditor's Name  
PO BOX 1686  
 Number Street  
GREELEY CO 80632  
 City State ZIP Code

Last 4 digits of account number 6 7 1 5 \$ 13,000.00

When was the debt incurred? 08/05/2009

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Medical ER Surgery Urology

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

**4.6** Collection Service of Nevada/Western Surgical  
 Nonpriority Creditor's Name  
777 Forest St.  
 Number Street  
Reno NV 89509  
 City State ZIP Code

Last 4 digits of account number 0 6 7 3 \$ 124.00

When was the debt incurred? 07/20/2011

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Medical Surgery

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

Debtor 1 **William Peter VerVooren** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

<b>4.1</b>	<b>NV Federal Credit Union #1704387</b>	Last 4 digits of account number <u>0 6 7 3</u>	\$ <u>458.00</u>
Nonpriority Creditor's Name <b>2645 S. Mojave RDP. O BOX 15400</b>		When was the debt incurred? <u>07/05/2011</u>	
Number Street <b>Las Vegas NV 89121</b>			
City State ZIP Code			
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Union</u>	

<b>4.2</b>	<b>St. Mary's File 1463</b>	Last 4 digits of account number <u>1 9 1 0</u>	\$ <u>158.04</u>
Nonpriority Creditor's Name <b>1801 W. Olympic St.</b>		When was the debt incurred? <u>10/20/2010</u>	
Number Street <b>Pasadena CA 91199</b>			
City State ZIP Code			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Union Clearstar Financial</u>	

<b>4.3</b>	<b>Universal Fidelity</b>	Last 4 digits of account number <u>3 9 7 4</u>	\$ <u>48.97</u>
Nonpriority Creditor's Name <b>PO Box 941911</b>		When was the debt incurred? <u>12/20/2010</u>	
Number Street <b>Houston TX 77044</b>			
City State ZIP Code			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u>	



Debtor 1 **William Peter VerVooren** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

<b>4.4</b>	<b>B&amp;P #22687</b> Nonpriority Creditor's Name <b>816 S. Center St.</b> Number Street <b>Reno NV 89501</b> City State ZIP Code	Last 4 digits of account number <u>2 6 8 7</u> When was the debt incurred? <u>03/01/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	\$ <b>116.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<b>4.5</b>	<b>National Business Factors #18677</b> Nonpriority Creditor's Name <b>969 Mica Dr</b> Number Street <b>Carson City NV 89705</b> City State ZIP Code	Last 4 digits of account number <u>0 6 7 3</u> When was the debt incurred? <u>04/22/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical ground ambulance</u>	\$ <b>111.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<b>4.6</b>	Nonpriority Creditor's Name _____ Number Street _____ City State ZIP Code _____	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$ _____
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			



Debtor 1 **William Peter VerVooren** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

<p><b>4.1</b> <u>Midland Credit Management</u>            Nonpriority Creditor's Name  <u>PO Box 60578</u>            Number Street  <u>Los Angeles</u> <u>CA</u> <u>90060</u>            City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6 6 3 4</u>            When was the debt incurred? <u>08/12/2011</u></p>	<p>\$ <u>526.49</u></p>
<p><b>4.2</b> <u>Asset Recovery Solutions Inc.</u>            Nonpriority Creditor's Name  <u>2200 E. Devon Ave. Ste 200</u>            Number Street  <u>Des Plaines</u> <u>IL</u> <u>60018</u>            City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3 9 0 6</u>            When was the debt incurred? <u>07/12/2013</u></p>	<p>\$ <u>223.25</u></p>
<p><b>4.3</b> <u>Receivables Performance Management</u>            Nonpriority Creditor's Name  <u>PO Box 1548</u>            Number Street  <u>Lynnwood</u> <u>WA</u> <u>98036</u>            City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3 3 2 9</u>            When was the debt incurred? <u>03/09/2013</u></p>	<p>\$ <u>146.64</u></p>

Debtor 1

William

Peter

VerVooren

Case number (if known)

First Name Middle Name Last Name

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

**Total claims from Part 1**

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 100,000.00

6c. Claims for death or personal injury while you were intoxicated

6c. \$

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ 17,752.00

6e. Total. Add lines 6a through 6d.

6e. \$ 117,752.00

**Total claim****Total claims from Part 2**

6f. Student loans

6f. \$ 0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 28,861.54

6j. Total. Add lines 6f through 6i.

6j. \$ 28,651.54

**Total claim**

Part 1: Debtor information. Identify your debts.

Debtor	William	Peter	VerVooren
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	Loretta	Leonarda	VerVooren
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Nevada

Case number  
(If known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.2	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.3	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.4	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.5	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	

Debtor 1 William Peter VerVooren  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Additional Page If You Have More Contracts or Leases**

	Person or company with whom you have the contract or lease	What the contract or lease is for
22	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	

Provide the information to identify your case.

Debtor 1	William	Peter	VerVooren
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Loretta	Leonarda	VerVooren
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Nevada

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No

☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? \_\_\_\_\_, Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street

City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.2

Name

Number Street

City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.3

Name

Number Street

City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

Debtor 1 William Peter VerVooren Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Additional Page to List More Codebtors**

Column 1: Your codebtor		Column 2: The creditor to whom you owe the debt
3. <u>    </u> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____	
3. <u>    </u> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____	
3. <u>    </u> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____	
3. <u>    </u> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____	
3. <u>    </u> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____	
3. <u>    </u> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____	
3. <u>    </u> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____	

Fill in this information to identify your case.

Debtor 1	<u>William</u>	<u>Peter</u>	<u>VerVooren</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Loretta</u>	<u>Leonarda</u>	<u>VerVooren</u>
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Nevada

Case number (if known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

- ☐ Employed
- ☒ Not employed

**Debtor 2 or non-filing spouse**

- ☒ Employed
- ☐ Not employed

**Occupation**Disability RetiredHuman Resources Manager**Employer's name**Ramada Hotel**Employer's address**1000 E. 6th St.

Number Street

Number Street

City State ZIP Code

Reno  
CityNV 89512  
State ZIP Code

How long employed there? \_\_\_\_\_

**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

**2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.**2. \$ 0.00\$ 3,846.19**3. Estimate and list monthly overtime pay.**3. + \$ 0.00+ \$ 0.00**4. Calculate gross income. Add line 2 + line 3.**4. \$ 0.00\$ 3,846.19



Debtor 1 William Peter VerVooren Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 0.00	\$ 3,846.19
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 282.50	\$ 541.14
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 332.56
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: 00	5h. + \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 282.50	\$ 873.70
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ -282.50	\$ 2,972.49
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 1,527.90	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 793.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 2,320.90	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,038.40	\$ 2,972.49
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12. \$ 5,010.89	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: 401(k) contributions debtor 2 \$384.60 plus additional fedw/w of \$200		

File this form with your bankruptcy petition.

Debtor 1	<u>William</u>	<u>Peter</u>	<u>VerVooren</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Loretta</u>	<u>Leonarda</u>	<u>VerVooren</u>
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the District of Nevada

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

## 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

## 3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

Your expenses

4.	\$	490.00
4a.	\$	0.00
4b.	\$	
4c.	\$	200.00
4d.	\$	

Debtor 1 **William** **Peter** **VerVooren**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

		Your expenses	
5.	<b>Additional mortgage payments for your residence, such as home equity loans</b>	\$	
6.	<b>Utilities:</b>		
6a.	Electricity, heat, natural gas	\$	220.00
6b.	Water, sewer, garbage collection	\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$	260.00
6d.	Other. Specify: <u>storage</u>	\$	100.00
7.	<b>Food and housekeeping supplies</b>	\$	800.00
8.	<b>Childcare and children's education costs</b>	\$	0.00
9.	<b>Clothing, laundry, and dry cleaning</b>	\$	268.00
10.	<b>Personal care products and services</b>	\$	150.00
11.	<b>Medical and dental expenses</b>	\$	345.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	\$	420.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	\$	115.00
14.	<b>Charitable contributions and religious donations</b>	\$	100.00
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	\$	
15b.	Health insurance	\$	
15c.	Vehicle insurance	\$	147.00
15d.	Other insurance. Specify: _____	\$	
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	\$	
17.	<b>Installment or lease payments:</b>		
17a.	Car payments for Vehicle 1	\$	382.00
17b.	Car payments for Vehicle 2	\$	
17c.	Other. Specify: <u>Title Max 97 Ford Title Loan</u>	\$	454.00
17d.	Other. Specify: _____	\$	
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	\$	0.00
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$	0.00
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a.	Mortgages on other property	\$	
20b.	Real estate taxes	\$	
20c.	Property, homeowner's, or renter's insurance	\$	
20d.	Maintenance, repair, and upkeep expenses	\$	
20e.	Homeowner's association or condominium dues	\$	

Debtor 1 William Peter VerVooren  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

21. Other. Specify: Prof. HR Membership & Monthly Dues, GYM21. +\$ 283.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 4,734.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 4,734.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 5,010.89

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 4,734.0023c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.23c. \$ 276.89

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☒ Yes.

Explain here: 97 Ford Truck had \$1200.00 in Repair expenses to Motor March 3, 2017 truck needs additional repairs, 5th wheel we are living in for our home will need air conditioning unit this June \$548, Furnace needs to be replaced \$575, refrigerator in unit will need to be replaced \$1200 IRS payments in the amount of \$500 will need to be made for tax years 2014, 2015, 2016 toward \$15,000 tax debt for those year starting in June 2017. changed tax deduction as well for more taxes to be deducted from my paychecks \$200 extra to avoid 2017 tax liability

Fill in the information for each debtor.			
Debtor 1	<u>William</u>	<u>Peter</u>	<u>VerVooren</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)	<u>Loretta</u>	<u>Leonarda</u>	<u>VerVooren</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
United States Bankruptcy Court for the: District of Nevada			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

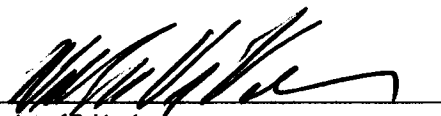
**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

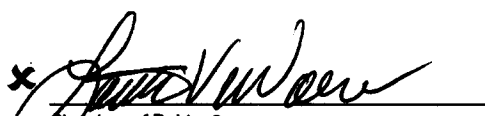
☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x   
Signature of Debtor 1

Date 4/13/17  
MM / DD / YYYY

x   
Signature of Debtor 2

Date 4/13/17  
MM / DD / YYYY

CO. FILE DEPT. CLOCK VCHR. NO. 030  
 CKD 043088 007082 0000130036 1

**Earnings Statement**

ATRIUM HOSPITALITY LP  
 12735 MORRIS ROAD SUITE 400  
 ALPHARETTA, GA 30004

Period Beginning: 03/11/2017  
 Period Ending: 03/24/2017  
 Pay Date: 03/31/2017

Taxable Marital Status: Married  
 Exemptions/Allowances:  
 Federal: 2  
 NV: No State Income Tax

00000000030  
 LORETTA L VERVOOREN  
 360 BLUE SKIES DR  
 SPARKS NV 89436

Earnings	rate	hours	this period	year to date	Other Benefits and Information	this period	total to date
Regular	24.0385	80.00	1,923.08	10,576.94			
<b>Gross Pay</b>			<b>\$1,923.08</b>	<b>10,576.94</b>	<b>GI</b>	<b>0.20</b>	<b>0.80</b>

Deductions	Statutory	Other	year to date
Federal Income Tax	-134.45		296.77
Social Security Tax	-110.34		620.23
Medicare Tax	-25.80		145.05
AD&D EMPLOYEE	-0.48		1.92
AD&D SPOUSE	-0.24		0.96
LIFE EMPLOYEE	-11.52		46.08
Ppo Pre Tax	-113.19*		452.76
Pretax Dental	-28.02*		112.08
Pretax Vision	-2.28*		9.12
S.T.D.	-4.79		19.16
SPOUSE LIFE	-5.76		23.04
Meals			30.00
<b>Net Pay</b>			<b>\$1,486.21</b>
Checking Acct	-1,486.21		
<b>Net Check</b>			<b>\$0.00</b>

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
 \$1,779.59

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ATRIUM HOSPITALITY LP  
 12735 MORRIS ROAD SUITE 400  
 ALPHARETTA, GA 30004

Advice number: 00000130036  
 Pay date: 03/31/2017

Deposited to the account of	account number	transit ABA	amount
LORETTA L VERVOOREN	XXXXXX 7538	XXXX XXXX	\$1,486.21

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**

CO FILE DEPT CLOCK VCHR NO 830  
CKD 043088 007082 0000110036 1

**Earnings Statement**

ATRIUM HOSPITALITY LP  
12735 MORRIS ROAD SUITE 400  
ALPHARETTA, GA 30004

Period Beginning: 02/25/2017  
Period Ending: 03/10/2017  
Pay Date: 03/17/2017

Taxable Marital Status: Married  
Exemptions/Allowances:  
Federal: 2  
NV: No State Income Tax

00000000029

LORETTA L VERVOOREN  
360 BLUE SKIES DR  
SPARKS NV 89436

Earnings		rate	hours	this period	year to date	Other Benefits and Information		this period	total to date
Regular		24.0385	80.00	1,923.08	8,653.86	Gd		0.20	0.60
				<b>Gross Pay</b>	<b>8,653.86</b>				
Deductions		Statutory				Important Notes			
				Federal Income Tax	-134.45	EFFECTIVE THIS PAY PERIOD YOUR FEDERAL EXEMPTIONS			
				Social Security Tax	-110.35	HAVE BEEN CHANGED FROM 0 TO 2			
				Medicare Tax	-25.81				
				Other					
				AD&D EMPLOYEE	-0.48				
				AD&D SPOUSE	-0.24				
				LIFE EMPLOYEE	-11.52				
				Ppo Pre Tax	-113.19*				
				Pretax Dental	-28.02*				
				Pretax Vision	-2.28*				
				S.T.D.	-4.79				
				SPOUSE LIFE	-5.76				
				Meals					
				<b>Net Pay</b>	<b>\$1,486.19</b>				
				Checking Acct	-1,486.19				
				<b>Net Check</b>	<b>\$0.00</b>				

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$1,779.59

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ATRIUM HOSPITALITY LP  
12735 MORRIS ROAD SUITE 400  
ALPHARETTA, GA 30004

Advice number: 00000110036  
Pay date: 03/17/2017

Deposited to the account of	account number	transit ABA	amount
LORETTA L VERVOOREN	XXXXXX7538	XXXX XXXX	\$1,486.19

**THIS IS NOT A CHECK**

NON-NEGOTIABLE



CO FILE DEPT CLOCK VCHR NO 830  
 CKD 043088 007062 0000090035 1

**Earnings Statement**

ATRIUM HOSPITALITY LP  
 12735 MORRIS ROAD SUITE 400  
 ALPHARETTA, GA 30004

Period Beginning: 02/11/2017  
 Period Ending: 02/24/2017  
 Pay Date: 03/03/2017

Taxable Marital Status: Married  
 Exemptions/Allowances:  
 Federal: 9  
 NV: No State Income Tax

00000000028

LORETTA L VERVOOREN  
 360 BLUE SKIES DR  
 SPARKS NV 89436

Earnings		rate	hours	this period	year to date	Other Benefits and Information		this period	total to date
Regular		24.0385	80.00	1,923.08	6,730.78	GI		0.20	0.40
				<b>Gross Pay</b>	<b>6,730.78</b>				
				<b>\$1,923.08</b>					
Deductions		Statutory							
				Federal Income Tax	-4.51			27.87	
				Social Security Tax	-110.35			399.54	
				Medicare Tax	-25.81			93.44	
				Other					
				AD&D EMPLOYEE	-0.48			0.96	
				AD&D SPOUSE	-0.24			0.48	
				LIFE EMPLOYEE	-11.52			23.04	
				Meals	-30.00			30.00	
				Ppo Pre Tax	-113.19*			226.38	
				Pretax Dental	-28.02*			56.04	
				Pretax Vision	-2.28*			4.56	
				S.T.D.	-4.79			9.58	
				SPOUSE LIFE	-5.76			11.52	
				<b>Net Pay</b>	<b>\$1,908.13</b>				
				Checking Acct	-1,586.13				
				<b>Net Check</b>	<b>\$0.00</b>				

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
 \$1,779.59

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ATRIUM HOSPITALITY LP  
 12735 MORRIS ROAD SUITE 400  
 ALPHARETTA, GA 30004

Advice number: 00000090035  
 Pay date: 03/03/2017

Deposited to the account of	account number	transit ABA	amount
LORETTA L VERVOOREN	XXXXXX7538	XXXX XXXX	\$1,586.13

**THIS IS NOT A CHECK**

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK NUMBER 030  
CKD 043088 007082 0004017682 1

**Earnings Statement**

ATRIUM HOSPITALITY LP  
12735 MORRIS ROAD SUITE 400  
ALPHARETTA, GA 30004

Period Beginning: 01/28/2017  
Period Ending: 02/10/2017  
Pay Date: 02/17/2017

Taxable Marital Status: Married  
Exemptions/Allowances:  
Federal: 9  
NV: No State Income Tax

LORETTA L VERVOOREN  
360 BLUE SKIES DR  
SPARKS NV 89436

Earnings	rate	hours	this period	year to date
Regular	24.0385	80.00	1,923.08	4,807.70
<b>Gross Pay</b>			<b>\$1,923.08</b>	<b>4,807.70</b>

Other Benefits and Information	this period	total to date
GI	0.20	0.20

Deductions	Statutory	Other	year to date
Federal Income Tax	-4.51		23.36
Social Security Tax	-110.34		289.19
Medicare Tax	-25.80		67.63
AD&D EMPLOYEE	-0.48		0.48
AD&D SPOUSE	-0.24		0.24
LIFE EMPLOYEE	-11.52		11.52
Ppo Pre Tax	-113.19*		113.19
Pretax Dental	-28.02*		28.02
Pretax Vision	-2.28*		2.28
S.T.D.	-4.79		4.79
SPOUSE LIFE	-5.76		5.76
<b>Net Pay</b>			<b>\$1,016.15</b>
<b>Net Check</b>			<b>\$1,016.15</b>

Deposits	Account No.	Trans/ABA	Pending
	XXXXXX7538	XXXX XXXX	

**Important Notes**  
YOUR BANK WAS NOTIFIED OF YOUR REQUEST FOR DIRECT DEPOSIT. IT WILL BEGIN AFTER ACCOUNT VERIFICATION.

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$1,779.59

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ATRIUM HOSPITALITY LP  
12735 MORRIS ROAD SUITE 400  
ALPHARETTA, GA 30004

CKD  
Payroll check number: 0004017682  
Pay date: 02/17/2017

90-477/1222

Pay to the  
order of:

LORETTA L VERVOOREN

This amount:

ONE THOUSAND SIX HUNDRED SIXTEEN AND 15/100 DOLLARS

\$1016.15

ISSUED BY ADP PAYROLL SERVICES. FOR NON-NEGOTIATION. AVAILABLE AT 877-423-7243

VOID AFTER 180 DAYS

Wells Fargo Bank, N.A.

**THIS IS NOT A CHECK**

Debtor 1 William Peter VerVooren  
 First Name Middle Name Last Name

Case number (if known)

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Sources of Income Check all that apply.	Gross income (before deductions and exclusions)	Sources of Income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 10,576.94
For last calendar year: (January 1 to December 31, <u>2016</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 0.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 25,412.00
For the calendar year before that: (January 1 to December 31, <u>2015</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 0.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 67,631.00

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

	Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<u>SS Disability</u> <u>Pension Disability</u>	\$ 4,583.70 \$ 2,379.00		\$ 0.00 \$
For last calendar year: (January 1 to December 31, <u>2016</u> ) YYYY	<u>SS Disability</u> <u>Pension Disability</u>	\$ 18,334.80 \$ 9,516.00	<u>Unemployment</u>	\$ 10,842.00 \$
For the calendar year before that: (January 1 to December 31, <u>2015</u> ) YYYY	<u>SS Disability</u> <u>Pension Disability</u>	\$ 18,334.80 \$ 9,516.00	<u>IRA Distribution</u>	\$ 0.00 \$ 1,722.00

Debtor 1 William Peter VerVooren  
First Name Middle Name Last Name

Debtor 2 Loretta Leonarda Vervooren  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Nevada

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1 Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

- ☒ Married  
☐ Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No  
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
3361 Lagomarsino Ct <small>Number Street</small>	From 03/18/2014 To 08/05/2015	<input checked="" type="checkbox"/> Same as Debtor 1 Number Street City State ZIP Code	<input checked="" type="checkbox"/> Same as Debtor 1 From _____ To _____
Sparks NV 89431 <small>City State ZIP Code</small>		<input type="checkbox"/> Same as Debtor 1 Number Street City State ZIP Code	<input type="checkbox"/> Same as Debtor 1 From _____ To _____

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

Debtor 1 William Peter VerVooren Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☒ **No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?

- ☒ **No. Go to line 7.**

- ☐ **Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.**

\* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ **Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ **No. Go to line 7.**

- ☐ **Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.**

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 **William** **Peter** **VerVooren** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  
*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  
 Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

Debtor 1 **William** **Peter** **VerVooren** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☒ No☐ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title _____ _____		Court Name _____	<input type="checkbox"/> Pending
Case number _____		Number Street _____	<input type="checkbox"/> On appeal
		City State ZIP Code _____	<input type="checkbox"/> Concluded
Case title _____ _____		Court Name _____	<input type="checkbox"/> Pending
Case number _____		Number Street _____	<input type="checkbox"/> On appeal
		City State ZIP Code _____	<input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☐ No. Go to line 11.☒ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
<b>Santander Consumer USA</b> <small>Creditor's Name</small>	<b>2009 Dodge Journey</b>	<b>04/10/2016</b>	<b>\$ 15,000.00</b>
<b>PO Box 1259</b> <small>Number Street</small>	<b>Explain what happened</b>		
	<input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
<b>Fort Worth TX</b> <small>City State ZIP Code</small>			
	<b>Describe the property</b>	<b>Date</b>	<b>Value of the property</b>
			\$ _____
<small>Creditor's Name</small>	<b>Explain what happened</b>		
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
<small>Number Street</small>			
	<small>City State ZIP Code</small>		



Debtor 1 **William** **Peter** **VerVooren**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number _____ Street _____ City _____ State _____ ZIP Code _____			\$ _____

Last 4 digits of account number: XXXX-\_\_\_\_-\_\_\_\_-\_\_\_\_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Person's relationship to you _____			\$ _____
Person to Whom You Gave the Gift _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Person's relationship to you _____			\$ _____

Debtor 1 **William** **Peter** **VerVooren**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____ Number Street _____ City State ZIP Code		_____	\$ _____
		_____	\$ _____

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
		_____	\$ _____

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  
 Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number Street _____ _____ City State ZIP Code		_____	\$ _____
Email or website address _____ Person Who Made the Payment, if Not You		_____	\$ _____

Debtor 1 **William** **Peter** **VerVooren**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____ Number Street _____ _____ City State ZIP Code _____ Email or website address _____ Person Who Made the Payment, if Not You _____	_____	\$ _____
	_____	\$ _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
 Do not include any payment or transfer that you listed on line 16.

☒ No  
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____ Number Street _____ _____ City State ZIP Code _____	_____	\$ _____
	_____	\$ _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
 Do not include gifts and transfers that you have already listed on this statement.

☒ No  
☐ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer _____ Number Street _____ _____ City State ZIP Code _____ Person's relationship to you _____		_____
Person Who Received Transfer _____ Number Street _____ _____ City State ZIP Code _____ Person's relationship to you _____		_____

Debtor 1 **William** **Peter** **VerVooren**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____ _____	_____

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
_____ Number Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

_____ Name of Financial Institution _____ Number Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
--	-----------	--	-------	----------

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
_____ Name of Financial Institution _____ Number Street _____ City State ZIP Code	_____ Name _____ Number Street _____ City State ZIP Code	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 **William** **Peter** **VerVooren**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

- ☐ No  
☒ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
<b>Mini's on Parr</b> Name of Storage Facility <b>280 E. Parr Ste 100</b> Number Street  <b>Reno NV 89512</b> City State ZIP Code	Name _____ Number Street _____ City State ZIP Code <b>89512</b>	clothes, family photos, IRS Documents old dishes, glassware, pots pans, camp stove, 1960 Glaspar, 2 Kayaks, with life jackets, paddles,	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- ☒ No  
☐ Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name _____ Number Street _____ City State ZIP Code _____	Number Street _____ City State ZIP Code _____	\$ _____

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No  
☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site _____ Number Street _____ City State ZIP Code _____	Governmental unit _____ Number Street _____ City State ZIP Code _____	_____

Debtor 1 **William** **Peter** **VerVooren** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City	City State ZIP Code		
City	State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		<input type="checkbox"/> Pending
Court Name		<input type="checkbox"/> On appeal
Number Street		<input type="checkbox"/> Concluded
Case number	City State ZIP Code	

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Business Name	EIN: _____
Number Street	
Name of accountant or bookkeeper	Dates business existed
	From _____ To _____
City State ZIP Code	
Business Name	EIN: _____
Number Street	
Name of accountant or bookkeeper	Dates business existed
	From _____ To _____
City State ZIP Code	

Debtor 1 William Peter VerVooren  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Business Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Describe the nature of the business

Name of accountant or bookkeeper

Employer identification number

Do not include Social Security number or ITIN.

EIN: \_\_\_\_\_ - \_\_\_\_\_

Dates business existed

From \_\_\_\_\_ To \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No  
☐ Yes. Fill in the details below.

Date issued

Name \_\_\_\_\_

MM / DD / YYYY

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x

Signature of Debtor 1

Date

4-13-17

x

Signature of Debtor 2

Date

4/13/17

Did you attach additional pages to Your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No  
☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).



Fill in the information that applies to your case.

Debtor 1	<u>William</u> <small>First Name</small>	<u>Peter</u> <small>Middle Name</small>	<u>Vervooren</u> <small>Last Name</small>
Debtor 2 (Spouse, if filing)	<u>Loretta</u> <small>First Name</small>	<u>Leonarda</u> <small>Middle Name</small>	<u>VerVooren</u> <small>Last Name</small>

United States Bankruptcy Court for the: District of Nevada

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 108

# Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <u>Right Size Funding</u> Description of property securing debt: <u>2006 Ford Explorer</u>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1

William

Peter

Vervooren

Case number (if known)

First Name

Middle Name

Last Name

## Part 2:

**List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases****Will the lease be assumed?**

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

## Part 3:

**Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

x

Signature of Debtor 1

Date

4/13/17

MM / DD / YYYY

x

Signature of Debtor 2

Date

4/13/17

MM / DD / YYYY

Please print or type your name clearly.

Debtor 1	<u>William</u>	<u>Peter</u>	<u>VerVooren</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Loretta</u>	<u>Leonarda</u>	<u>VerVooren</u>
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Nevada

Case number \_\_\_\_\_  
(If known)

Please print or type your name clearly.

Official Form 122A-1

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

## Official Form 122A-1

## Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

## Part 1: Calculate Your Current Monthly Income

## 1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 1,873.60
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	Debtor 1 \$	Debtor 2 \$
Ordinary and necessary operating expenses	-\$	-\$
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property		
Gross receipts (before all deductions)	Debtor 1 \$	Debtor 2 \$
Ordinary and necessary operating expenses	-\$	-\$
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1

WilliamPeterVerVoore

First Name Middle Name Last Name

Case number (if known)

Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse**8. Unemployment compensation**Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  $\downarrow$ 

For you ..... \$ \_\_\_\_\_

For your spouse ..... \$ \_\_\_\_\_

\$ 0.00

\$ 0.00

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.

\$ \_\_\_\_\_

\$ 0.00

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ \_\_\_\_\_

\$ 0.00

\$ \_\_\_\_\_

\$ 0.00

Total amounts from separate pages, if any.

+ \$ \_\_\_\_\_

+ \$ 0.00

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ \_\_\_\_\_

+

\$ 3,321.60

=

\$ 3,321.60

Total current  
monthly income**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11. .... Copy line 11 here  $\rightarrow$ 

\$ 3,321.60

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b. \$ 39,859.20

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Nevada

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household. ....

13. \$ 60,841.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

x

Signature of Debtor 1

Date

MM / DD / YYYY

x

Signature of Debtor 2

Date

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Enter this information to identify your case.

Debtor 1	<u>William</u>	<u>Peter</u>	<u>VerVooren</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Loretta</u>	<u>Leonarda</u>	<u>VerVooren</u>
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Nevada

Case number  
(if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 122A-1Supp

### Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

#### Part 1: Identify the Kind of Debts You Have

1. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).

- ☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☐ Yes. Go to Part 2.

#### Part 2: Determine Whether Military Service Provisions Apply to You

2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?

- ☒ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. Are you or have you been a Reservist or member of the National Guard?

- ☒ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.
- ☐ I am performing a homeland defense activity for at least 90 days.
- ☐ I performed a homeland defense activity for at least 90 days, ending on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Debtor 1	<u>William</u>	<u>Peter</u>	<u>VerVooren</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)	<u>Loretta</u>	<u>Leonarda</u>	<u>VerVooren</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
United States Bankruptcy Court for the: District of Nevada			
Case number (if known)	_____		

According to the calculations required by this Statement:

- ☒ 1. There is no presumption of abuse.  
☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing

## Official Form 122A-2

### Chapter 7 Means Test Calculation

12/15

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income. .... Copy line 11 from Official Form 122A-1 here → ..... \$ 3,321.60

2. Did you fill out Column B in Part 1 of Form 122A-1?

- ☐ No. Fill in \$0 for the total on line 3.  
☒ Yes. Is your spouse filing with you?  
☐ No. Go to line 3.  
☒ Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

- ☒ No. Fill in 0 for the total on line 3.  
☐ Yes. Fill in the information below:

State each purpose for which the income was used  
For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents

Fill in the amount you are subtracting from your spouse's income

_____	\$ _____
_____	\$ _____
_____	+ \$ _____
Total .....	\$ _____

Copy total here ..... → - \$ \_\_\_\_\_

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

\$ 3,321.60



Debtor 1

William

Peter

VerVooren

First Name

Middle Name

Last Name

Case number (if known)

## Part 2:

## Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

## 5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

## National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,083.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

## People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person

\$ 54.00

- 7b. Number of people who are under 65

x 2

- 7c. Subtotal. Multiply line 7a by line 7b.

\$ 108.00

Copy here →

\$ 108.00

## People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person

\$

- 7e. Number of people who are 65 or older

x

- 7f. Subtotal. Multiply line 7d by line 7e.

\$

Copy here →

+ \$

- 7g. Total. Add lines 7c and 7f.....

\$ 108.00

Copy total here →

\$ 108.00



Debtor 1 William Peter VerVooren  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – Insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \_\_\_\_\_ \$ \_\_\_\_\_

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \_\_\_\_\_ \$ 1,345.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
<u>shamrock</u>	\$ <u>535.00</u>
_____	\$ _____
_____	+ \$ _____
Total average monthly payment	\$ <u>535.00</u>

Copy here →

— \$ 535.00

Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0. \_\_\_\_\_

\$ 810.00

Copy here →

\$ 810.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \_\_\_\_\_ \$ \_\_\_\_\_

Explain why: \_\_\_\_\_

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☐ 1. Go to line 12.
- ☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 426.00

Debtor 1

William Peter VerVooren  
 First Name Middle Name Last Name

Case number (if known)

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1** Describe Vehicle 1: 2006 Ford Explorer

13a. Ownership or leasing costs using IRS Local Standard. .... \$ \_\_\_\_\_

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
<u>Right Size Funding</u>	\$ <u>382.00</u>
_____	+ \$ _____

Total average monthly payment

\$ 382.00

Copy  
here →

— \$ 382.00

Repeat this  
amount on  
line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0. ....

\$ 382.00

Copy net  
Vehicle 1  
expense  
here →

\$ 382.00

**Vehicle 2** Describe Vehicle 2: \_\_\_\_\_

13d. Ownership or leasing costs using IRS Local Standard. .... \$ \_\_\_\_\_

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
_____	\$ _____
_____	+ \$ _____

Total average monthly payment

\$ 0

Copy  
here →

— \$ 0

Repeat this  
amount on  
line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this amount is less than \$0, enter \$0. ....

\$ \_\_\_\_\_

Copy net  
Vehicle 2  
expense  
here →

\$ \_\_\_\_\_

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ \_\_\_\_\_

Debtor 1

**William Peter VerVooren**  
 First Name Middle Name Last Name

Case number (if known)

**Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

- 16. Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  
 Do not include real estate, sales, or use taxes. \$ 540.18
- 17. Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  
 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ \_\_\_\_\_
- 18. Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 34.56
- 19. Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  
 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
- 20. Education:** The total monthly amount that you pay for education that is either required:  
☐ as a condition for your job, or \$ 0.00  
☐ for your physically or mentally challenged dependent child if no public education is available for similar services.
- 21. Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  
 Do not include payments for any elementary or secondary school education. \$ 0.00
- 22. Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  
 Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
- 23. Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  
 Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. + \$ 135.00
- 24. Add all of the expenses allowed under the IRS expense allowances.**  
 Add lines 6 through 23. \$ 3,518.00

Debtor 1 **William Peter VerVooren**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

### Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

- 25. Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ \_\_\_\_\_

Disability insurance \$ \_\_\_\_\_

Health savings account + \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Copy total here → ..... \$ \_\_\_\_\_

Do you actually spend this total amount?

☐ No. How much do you actually spend? \$ \_\_\_\_\_

☐ Yes

- 26. Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$ 0.00

- 27. Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

\$ 0.00

By law, the court must keep the nature of these expenses confidential.

- 28. Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

\$ 0.00

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

- 29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

\$ 0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

- 30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

\$ 223.00

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

- 31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

+ \$ 100.00

- 32. Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 323.00

Debtor 1

William  
First NamePeter  
Middle NameVerVooren  
Last Name

Case number (if known)

**Deductions for Debt Payment**

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

**Mortgages on your home:**

33a. Copy line 9b here ..... → **Average monthly payment** \$ 535.00

**Loans on your first two vehicles:**

33b. Copy line 13b here. .... → \$ 382.00

33c. Copy line 13e here. .... → \$ 0

33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
_____	_____	<input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes	\$ _____
_____	_____	<input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes	\$ _____
_____	_____	<input type="checkbox"/> No	+ \$ _____
_____	_____	<input type="checkbox"/> Yes	+ \$ _____

33e. Total average monthly payment. Add lines 33a through 33d. .... **\$ 2.00** Copy total here → **\$ 2.00**

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☐ No. Go to line 35.

☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount
Right Size Funding	2006 Ford Exp	\$ <u>9,783.00</u>	+ 60 =	\$ <u>163.05</u>
_____	_____	\$ _____	+ 60 =	\$ _____
_____	_____	\$ _____	+ 60 =	+ \$ _____
Total				<b>\$ <u>163.05</u></b> Copy total here → <b>\$ <u>163.05</u></b>

35. Do you owe any priority claims such as a priority tax, child support, or alimony — that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☐ No. Go to line 36.

☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims ..... **\$ 100,000.00** + 60 = **\$ 1,666.67**

Debtor 1

William Peter VerVooren  
 First Name Middle Name Last Name

Case number (if known)

**36. Are you eligible to file a case under Chapter 13?** 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

☒ No. Go to line 37.

☐ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13

\$ \_\_\_\_\_

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

x \_\_\_\_\_

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

\$ \_\_\_\_\_

Copy total here →

\$ \_\_\_\_\_

**37. Add all of the deductions for debt payment.**

Add lines 33e through 36. ....

\$ 2,746.00

**Total Deductions from Income****38. Add all of the allowed deductions.**

Copy line 24, *All of the expenses allowed under IRS expense allowances* ..... \$ 3,518.00

Copy line 32, *All of the additional expense deductions* ..... \$ 323.00

Copy line 37, *All of the deductions for debt payment* ..... + \$ 2,746.00

Total deductions \$ 6,587.00

Copy total here →

\$ 6,587.00

**Part 3 Determine Whether There Is a Presumption of Abuse****39. Calculate monthly disposable income for 60 months**

39a. Copy line 4, *adjusted current monthly income* ..... \$ 3,321.60

39b. Copy line 38, *Total deductions* ..... - \$ 6,587.00

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).  
 Subtract line 39b from line 39a.

\$ 0.00

Copy here →

\$ 0.00

For the next 60 months (5 years) ..... x 60

39d. Total. Multiply line 39c by 60. ....

\$ 0.00

Copy here →

\$ 0.00

**40. Find out whether there is a presumption of abuse. Check the box that applies:**

☒ The line 39d is less than \$7,475\*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.

☐ The line 39d is more than \$12,475\*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

☐ The line 39d is at least \$7,475\*, but not more than \$12,475\*. Go to line 41.

\* Subject to adjustment on 4/01/16, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 William Peter VerVooren  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.....

\$ 48,628.16

x .25

41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I).  
 Multiply line 41a by 0.25 .....

\$ 12,157.04

Copy  
here →

\$ 12,157.04

42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.

Check the box that applies:

☒ Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.

☐ Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

**Part 4: Give Details About Special Circumstances**

43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

☐ No. Go to Part 5.

☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense  
or income adjustment

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Part 5: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

x   
 Signature of Debtor 1

Date 4/13/17  
 MM/DD/YYYY

x   
 Signature of Debtor 2

Date 4/13/17  
 MM/DD/YYYY



Aargon Collection Agency  
8668 Spring Mountain RD  
Las Vegas, NV 89117-4113

Asset Recovery  
2200 E. Devon Ave. Ste 200  
Des Plaines, IL 60018-4501

Associated Anesthesiologists of Reno  
PO Box 401805  
Las Vegas, NV 89140-1805

Business & Professional Collection Srvc.  
816 S. Center St.  
Reno, NV 89501

Convergent  
PO Box 9004  
Renton, WA 98057

CMRE - CSN  
3075 E. Imperial Hwy #200  
Brea, CA 9282-6753

CSN  
777 Forest St.  
Reno, NV 89509

CASH 1  
DEPT 461  
PO Box 4115  
CONCORD, CA 94524

CLARK COUNTY COLLECTION SVC. LLC  
8860 W. SUNSET RD SUITED 100  
LAS VEGAS, NV 89148-4898

EASTERN PLUMAS HEALTH CARE  
500 FIRST AVE.  
PORTOLA, CA 96122

ENHANCED RECOVERY COMPANY, LLC  
DEPT 0063  
PALATINE, IL 60055-0063

EXPRESS RECOVERY SERVICES, INC.  
PO BOX 26415  
SALT LAKE CITY, UT 84126-0415

GRANT WEBER INC  
861 CORONADO CENTER DRIVE STE 211  
HENDERSON, NV 89052

HOSPITAL COLLECTION SERVICES  
PO BOX 872  
RENO, NV 89504-0872

INTERNAL REVENUE SERVICE  
ACS SUPPORT  
PO BOX 24017  
FRESNO, CA 93779-4017

JEFFERSON CAPITAL SYSTEMS LLC  
16 MCLELAND ROAD  
SAINT CLOUD, MN 56303

MCM MIDLAND CREDIT  
2365 NORTHSIDE DR. SUITE 300  
SAN DIEGO, CA 92108

MEDICAL REVENUE SERVICE  
PO BOX 1149  
SEBRING FL 33871

MERCURY INSURANC GROUP  
PO BOX 5600  
RANCHO CUCAMONGA, CA 91729-9929

MONEY TREE  
PO BOX 58363  
SEATTLE, WA 98138

NATIONAL BUSINESS FACTORS  
969 MICA DR.  
CARSON CITY, NV 89705

NEVADA FEDERAL CREDIT UNIONS  
PO BOX 15400  
LAS VEGAS, NV 89114-5400

NCB MANAGEMENT SERVICES  
PO BOX 1099  
LANGHOME, PA 19047

NORTHERN NV MEDICAL CENTER  
PO BOX 31001-0827  
PASADENA, CA 91110-0827

PROFESSIONAL FINANCE COMPANY  
PO BOX 1686  
GREELEY, CO 80632-1686

PROFESSIONAL BUREAU OF COLLECTIONS OF MD  
PO BOX 4157  
GREENWOOD, CO 80155

REAL TIME RESOLUTIONS  
DEPT 107565  
PO BOX 1259  
OAKS, PA 19456

Montgomery Ward  
1112 7th Ave  
Monroe, WI 53566

Right Size Funding  
PO BOX 93385  
Las Vegas, NV 89193

NCP Check n GO  
7755 Montgomery Road, Ste. 400  
Cincinnati, OH 45236

Radiology Consultants  
PO BOX 3177  
Indianapolis, IND 46206

Swiss Colony  
1112 Seventh Ave.  
Monroe, WI 53566

Sparks Radiology  
PO BOX 21209  
Reno, NV 89515

RECEIVABLE MANAGEMENT SERCICES

PO BOX 523

RICHFIELD, OH 44286

RENOWN HEALTH

PO BOX 30006

RENO, NV 89520

RECEIVABLE PERFORMANCE MANAGEMENT LLC

PO OX 1548

LYNNWOOD, WA 98046-1548

SANTANDER CONSUMER USA

PO BOX 961245

FORT WORTH, TX 76161-1245

ST. MARY'S

FILE 1463

1801 W OLUMPI BLVD

PASADENA, CA 91199-1463

SUMMITT COLLECTIONS SERVICES

491 COURT ST.

RENO, NV 89501

SUNRISE CREDIT SERVICES INC.

PO BOX 9100

FARMINGDALE, NY 11735-9100

UNIVERSAL FIDELITY LP

PO BOX 219785

HOUSTON, TX 77218-9785